# THE LANCET Digital Health

## Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

Supplement to: Mao B, Liu Y, Chai Y-H. Assessing risk factors for SARS-CoV-2 infection in patients presenting with symptoms in Shanghai, China: a multicentre, observational cohort study. *Lancet Digital Health* 2020; published online May 14. https://doi.org/10.1016/S2589-7500(20)30109-6.

### **Supplemental materials 1**

#### **Collaborators:**

Institution	Name			
Department of Respiratory and Critical Care Medicine, Shanghai Pulmonary Hospital, Tongji University School of Medicine, Shanghai, China, 200433.	Jiu-wu Bai, Shu-yi Gu, Yuan zhang, Qiu-hong Li, Li Zhang, Ping Jiang			
Department of Pulmonary and Critical Care Medicine, Tongren Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China, 200336	Qing Zhang, Yi-ming Yu			
Department of Respiratory and Critical Care Medicine, Minhang Hospital, Fudan University, Shanghai, China, 266119.	Rui-fang Xu, Zhi-jun Yan			
Department of Respiratory and Critical Medicine, Shanghai Tenth People's Hospital, Shanghai, China, 200003.	Chang-xing Shen, Yu Hong, Guang-yu Tang			
Department of Respiratory Medicine, Shanghai Pudong Hospital, Fudan University Pudong Medical Center, Shanghai, China, 201399.	Yao Shen, Jia-man Wang			
Department of Medical Management, Zhoupu hospital of Pudong new District, Shanghai, China, 201318.	Xiao-bin Ji, Ze-ming Zhang, Mei- zhen Zhao, Si-te Min			
Department of Respiratory Medicine, Shanghai Pudong New Area People's Hospital, Shanghai, China, 201200.	Lin-xuan Wang, Xiao-long Gu			

Department of Pulmonary and Critical Care Medicine, Gongli Hospital, Shanghai, China, 200135.	Hai-zhu Zeng, Hong-chang Gao
Department of Infectious Disease, Shanghai Nanhua Hospital of Pudong New District, Shanghai, China, 200122.	Ping Ji, Yong-kang Huo
Department of Respiratory and Critical Care Medicine, Songjiang Hospital, Shanghai Jiao Tong University School of Medicine, Shanghai, China, 200090.	Jie Xu
Department of Respiratory Medicine, Baoshan Branch of Renji Hospital, Shanghai, China, 200000.	Wei-yi Shi, Xiao-yun Shen
Department of Respiratory Medicine, Baoshan District Hospital of Integrated Traditional Chinese and Western Medicine, Shanghai, China, 201900.	Li Li
Department of Respiratory Medicine Qingpu Branch of Zhongshan Hospital, Fudan University, Shanghai, China, 201700.	Dong-hui Xu, Gang Wu
Department of Respiratory Medicine, Shanghai Punan Hospital of Pudong New District, Shanghai, China, 200125.	Liu Ming, Zhao-hua Jiang, Yun-hai Xu
Department of Respiratory and Critical Care Medicine, Jiading Center Hospital, Shanghai University of Medicine & Health Sciences, Shanghai, China, 201800.	Yan-fang Yu, Su-zhen Ju
Department of Respiratory and Critical Care Medicine, Shanghai Eighth People's Hospital, Shanghai, China, 200235.	Dong-e Yao, Feng-xia Guo

Department of Respiratory and Critical Care Medicine, Zhongshan Hospital Fudan University, Shanghai, China, 200032.	Je-bai Zhou, Xiao-dan Zhu, Hai- ying Ji, Li-juan Hu
Department of Respiratory Medicine, Chongming Branch of Xin Hua Hospital Affiliated to School of Medicine, Jiaotong University, Shanghai, China, 202150.	Qiang Wang, Jing-jing Gao
Department of Respiratory and Critical Care Medicine, Yangpu Hospital, Tongji University, Shanghai, China, 200090.	Xiao-wen Xu, Zhi-fang Wang
Department of Respiratory Medicine, Xuhui District Central Hospital, Shanghai, China, 200031.	Bei-li Xi, Meng-meng Wang
Department of Respiratory and Critical Care Medicine, Tongji Hospital, Tongji University School of Medicine, Shanghai, China, 200060.	Li Yu
Department of Respiratory Medicine, Jing'an District Centre Hospital of Shanghai, Shanghai, China, 200040	Ying Feng, Yue-e Wang
Department of Respiratory Medicine, Shanghai Fourth People's Hospital, Shanghai, China, 200081.	Qing-sheng Zhang, Yu-cui Shen
Department of Respiratory and Critical Care Medicine, Ruijin Hospital, Shanghai Jiaotong University School of Medicine, Shanghai, China, 200025.	Cai-xia Di, Ying-ni Lin, Hai-xing Zhu
Department of Respiratory and Critical Care Medicine, Shanghai Fifth People's Hospital, Fudan University, Shanghai, China, 200240.	De-sheng Xie, Zhou-fang Mei, Rong Jiang

#### Supplemental materials 2

#### Definitions of fever clinics patients, suspected and confirmed patients:

The diagnostic criteria for COVID-19 are based on the latest version of guideline for the diagnosis and treatment of 2019 novel coronavirus-infected pneumonia issued by the National Health Commission of China. (Lin L, Li TS. [Interpretation of "Guidelines for the Diagnosis and Treatment of Novel Coronavirus (2019-nCoV) Infection by the National Health Commission (Trial Version 5)"]. Zhonghua yi xue za zhi 2020;100(0):E001 doi: 10.3760/cma.j.issn.0376-2491.2020.0001 [published Online First: Epub Date]].)

#### A, Epidemiological exposure history (any one of the following items):

- (1) travel history or residence history in epidemic areas (a country, area or territory having reported local transmission of COVID-19 disease), or other communities with reported cases within 14 days before onset;
- (2) history of contact with a novel coronavirus (nucleic acid positive) infected person within 14 days before onset;
- (3) exposure to patients with fever or respiratory symptoms from epidemic areas, or from communities where cases have been reported within 14 days before onset;
- (4) cluster onset.

#### B, Relevant clinical abnormalities (any two of the following items):

- (1) fever with or without respiratory symptoms;
- (2) normal or reduced white blood cells count, or reduced lymphocytes count;
- (3) chest imaging features of the viral pneumonia.

**Definition of patients to fever clinics:** Patients with fever (body temperature >37.5°C); Or patients with pulmonary symptoms and epidemiological exposure history (one of A).

**Definition of Suspected cases:** A suspected case is a patient with A and B, or if there is no clear epidemiological history, the patient should meet three items of clinical abnormalities (all of B).

**Definition of Confirmed cases:** A confirmed case is a person with positive for the SARS-CoV-2 by the RT-PCR test in respiratory or blood specimens on the basis of

being suspected; Or highly homologous with known novel coronavirus by gene sequencing in respiratory or blood specimens on the basis of being suspected.

Supplemental materials 3 Supplemental Table S1. Clinical characteristics of all subjects in our study and previous studies.

	Total	Confirmed	Excluded	P-value	Huang et al. (18)	Chen et al.	Wang et al.	Xu et al. (21)	Chang et al.
		patients	patients		g ()	(19)	(20)		(22)
N	1004	188	816		41	99	138	62	13
Demographics									
Age, yrs	40.0 (26.0)	46.0 (24.0)	39.0 (27.0)	0.0034	49 (41-58)	55·5 (13·1)	56 (42-68)	41 (32-52)	34 (34-48)
Female, n (%)	480 (48%)	94 (50%)	386 (47%)	0.5047	11(27%)	32 (32%)	63 (45.7%)	27/62 (44%)	
BMI, Kg/m <sup>2</sup>	23·1 (3·6)	23.7 (3.4)	22.8 (3.7)	0.8705					
>= 24, %	389 (39%)	73 (39%)	316 (39%)	0.9789					
Smoking history, %	147 (15%)	27 (14%)	120 (15%)	0.9042					
Symptoms, n (%)									
Fever	843 (84%)	159 (85%)	684 (84%)	0.8003	40 (98%)	82 (83%)	136 (98.6%)	48 (77%)	
Highest body temperature, $^{\circ}\mathrm{C}$	38·1 (0·7)	38·1 (0·7)	38.2 (0.8)	0.0145					
>=38·5, %	267 (32%)	33 (21%)	234 (34%)	0.0019	>38 32 (78%)			> 38 26 (42%)	
Chill	71 (7%)	7 (4%)	64 (8%)	0.0470					
Cough	622 (62%)	116 (62%)	506 (62%)	0.9376	31 (76%)	81 (82%)	82 (59·4%)	50 (81%)	6 (46·2%)
Sore throat	176 (18%)	36 (19%)	140 (17%)	0.5172		5 (5%)			
Nasal congestion	40 (4%)	8 (4%)	32 (4%)	0.8329					8 (61·5%)
Rhinorrhoea	68 (7%)	9 (5%)	59 (7%)	0.2294					1 (7.7%)
Sneezing	4 (0%)	2 (1%)	2 (0%)	0.1612					
Shortness of breath	63 (6%)	12 (6%)	51 (6%)	0.9460	Dyspnoea 22 (55%)	31(31%)	43 (31·2%)		
Hemoptysis	8 (1%)	1 (1%)	7 (1%)	1.0000	2/39 (5%)	2 (2%)		2/62 (3%)	
Chest pain	23 (2%)	4 (2%)	19 (2%)	1.0000		2 (2%)			

	Total	Confirmed patients	Excluded patients	P-value	Huang et al. (18)	Chen et al. (19)	Wang et al. (20)	Xu et al. (21)	Chang et al. (22)
Fatigue	250 (25%)	63 (34%)	187 (23%)	0.0025	Myalgia or fatigue 18 (44%)		96 (69·6%)	32(52%) Fatigue or Myalgia	
Headache	84 (8%)	23 (12%)	61 (7%)	0.0336	3/38 (8%)	8 (8%)	9 (6.5%)	21 (34%)	3 (23·1%)
Abdominal pain	11 (1%)	0 (0%)	11 (1%)	NA			3 (2·2%)		
Diarrhea	43 (4%)	6 (3%)	37 (5%)	0.4123	1/38 (3%)		14 (10·1%)	3 (8%)	
Nausea or vomiting	17 (2%)	1 (1%)	16 (2%)	0.2912		1/99 (1%)	19 (13·8)		
Poor appetite	79 (8%)	24 (13%)	55 (7%)	0.0057					
Myalgia	141 (14%)	36 (19%)	105 (13%)	0.0254		11/99 (11%)	48 (34.8%)		3 (23·1%)
Onset to suspicion, day	1 (3)	2 (3)	1 (2)	0.6057					
Onset to confirmation, day	2 (4)	3 (4)	3 (3)	0.2482					
Signs									
Respiratory rate, /min	19 (2)	20 (3)	19 (2)	0.0986					
Heart rate, /min	86 (17·3)	88 (17)	86 (18)	0.2206					
Auscultation, n (%)				0.3455					
Dry rales	6 (1%)	1 (1%)	5 (1%)						
Moist rales	24 (2%)	2 (1%)	22 (3%)						
No abnormalities	973 (97%)	185 (98%)	788 (97%)						
Comorbidities, n (%)									
Hypertension	80 (8%)	23 (12%)	57 (7%)	0.0166	6/41 (15%)		43 (31·2%)	5 (8%)	
Coronary heart disease	19 (2%)	11 (6%)	8 (1%)	<0.0001			20 (14·5%)	1 (2%)	
Diabetes	34 (3%)	10 (5%)	24 (3%)	0.1041	8/41 (20%)	13 (13%)	14 (10·1%)	1(2%)	
COPD	18 (2%)	4 (2%)	14 (2%)	0.9371	1/41 (2%)	1 (1%)	4 (2.9%)	1 (2%)	
Asthma	10 (1%)	2 (1%)	8 (1%)	1.0000					

	Total	Confirmed	Excluded	P-value	Huang et al. (18)	Chen et al.	Wang et al.	Xu et al. (21)	Chang et al.
		patients	patients			(19)	(20)		(22)
Bronchiectasis	5 (0%)	1 (1%)	4 (0%)	1.0000					
Malignancy	16 (2%)	0 (0%)	16 (2%)	NA	1/41 (2%)	1 (1%)	10 (7.5%)		
Chronic liver disease	3 (0%)	0 (0%)	3 (0%)	NA	1/41 (2%)		4 (2.9%)	17 (11%)	
Connective tissue disease	2 (0%)	0 (0%)	2 (0%)	NA					
Exposure history within 14 days, n									
(%)									
Recently been to epidemic regions	324 (32%)	95 (51%)	229 (28%)	< 0.0001					
Contacted with COVID-19 patients	171 (170/)	(2 (240/)	100 (120/)	-0.0001				23 (37%)	
or people from epidemic regions	171 (17%)	63 (34%)	108 (13%)	<0.0001					
Clustering onset	147 (15%)	54 (29%)	93 (11%)	<0.0001				21 (34%)	

BMI: body mass index, COPD: chronic obstructive pulmonary disease.

#### Supplemental Table S2. Radiographic and laboratory findings of all patients in our study and previous studies.

	Confirmed patients	<b>Excluded patients</b>	P-value	Normal range	Huang et al. (18)	Chen et al. (19)	Wang et al. (20)	Xu et al. (21)	Chang et. (22)
Radiologic characteristic									
Гуре									
nodule	20 (11%)	69 (10%)	0.9272						
GGO	100 (53%)	204 (31%)	<0.0001						
Patchy shadow	100 (53%)	382 (58%)	0.2798						
GGO and Patchy shadow coexist	53 (28%)	80 (12%)	< 0.0001						
Site									
Bilateral, (%)	107 (57%)	245 (37%)	< 0.0001		40 (98%)	74 (75%)	138 (100%)	52 (84%)	
Number of lobes affected			< 0.0001						
1	71 (38%)	344 (52%)							
2	36 (19%)	160 (24%)							
≥3	81 (43%)	148 (22%)							
Laboratory results									
3lood cell count									
₹BC, ×10*12/L	4.7 (0.8)	4.6 (0.8)	0.0261	4.3-5.8					
<i>N</i> BC, ×10*9/L	5.8 (3.1)	7.2 (3.0)	0.0053	3.5-9.5	6.2 (4.1–10.5)	7.5 (3.6)	4.5 (3.3-6.2)	4.7 (3.5-5.8)	5.83 (2.32)
Veutrophil count, ×10*9/L	3.9 (2.3)	4.7 (2.7)	< 0.0001	2-7·7	5.0 (3.3–8.9)	5.0 (3.3–8.1)	3.0 (2.0-4.9)	2.9 (2.0-3.7)	3.67 (1.71)
<b>√1%</b>	66.4 (14.4)	67.8 (18.8)	0.0803	50-70					
Lymphocyte count, ×10*9/L	1.3 (0.8)	1.5 (1.0)	0.0048	0.8-4.0	0.8 (0.6–1.1)	0.9 (0.5)	0.8 (0.6-1.1)	1.0 (0.8-1.5)	1.58 (0.653)
< 0.8×10^9/L, (%)	25 (14%)	64 (9%)	0.0350					<1 26 (42%)	
L%	24·1 (13·0)	22.9 (16.3)	0.7672	20-40					

	Confirmed patients	<b>Excluded patients</b>	P-value	Normal range	Huang et al. (18)	Chen et al. (19)	Wang et al. (20)	Xu et al. (21)	Chang et. (22)	
DIT ×10*0/I	17( 0 (75 0)	204.0 (07.5)	<0.0001	125 250	164.5 (131.5–		1(2 (122 101)		100 (72.5)	
PLT, ×10*9/L	176.0 (75.0)	204.0 (97.5)	<0.0001	125-350	263.0)	213·5 (79·1)	163 (123-191)	176.0 (135.8-215.5)	199 (72·5)	
III/I	138.5 (21.3)	140.0 (22.0)	0.5355	130-175	126.0 (118.0–				147 (12·1)	
Hb, g/L	138.3 (21.3)	140.0 (22.0)	0.3333	130-1/3	140.0)	129.8 (14.8)		137 (128·8-152·3)	147 (12.1)	
Blood biochemistry										
Albumin, g/L	$40\!\cdot\!4\pm3\!\cdot\!5$	$41.0 \pm 5.9$	0.3966	32-48	31.4 (28.9–36.0)	31.6 (4.0)				
Globulin, g/L	$31.9 \pm 7.5$	$29 \cdot 8 \pm 6 \cdot 4$	0.1186	20-45						
ALT, U/L	33.2 (15.2)	25.0 (23.0)	0.4217	10-49	32.0 (21.0-50.0)	39.0 (22.0–53.0)	24 (16-40)	22 (14-34)		
AST, U/L	27.0 (10.0)	26.0 (13.0)	0.1804	0-40	34.0 (26.0–48.0)	34.0 (26.0–48.0)	31 (24-51)	26 (20-32)		
Creatinine, µmol/L	61.0 (22.4)	72.0 (32.0)	0.0130	53-97	74.2 (57.5–85.7)	75.6 (25.0)	72 (60-87)	72 (61-84)		
LDH, U/L	342.0 (332.0)	480.0 (260.0)	0.0150	<b>0·0159</b> 120-246	120 246	286.0 (242.0-	336.0 (260.0-	261 (182-403)		
LDII, U/L	342.0 (332.0)	480 0 (200 0)	0.0139	120-240	408.0)	447.0)	201 (102-403)	205 (184-260·5)		
Blood urea nitrogen, mmol/L	4.2 (2.2)	4.5 (2.3)	0.9869	3.2-8.2						
K <sup>+</sup> , mmol/L	3.9 (0.3)	3.9 (0.7)	0.1118	3.5-5.5	4.2 (3.8–4.8)			3.7(3.5-3.9)		
Na <sup>+</sup> , mmol/L	138-9 (3-6)	138.0 (5.9)	0.1898	132-146	139.0 (137.0–			139(127-141)		
Na , IIIIIO/L	138 9 (3 0)	136 0 (3 9)	0 1090	132-140	140.0)			139(127-141)		
Cl <sup>-</sup> , mmol/L	101.3 (3.2)	101.0 (4.2)	0.6967	99-109						
Ca <sup>2+</sup> , mmol/L	2.2 (0.2)	2.3 (0.3)	0.3387	2.18-2.6						
GLU, mmol/L	6.2 (2.0)	5.4 (1.4)	0.9051	4.1-5.9		7.4 (3.4)				
Cardiac enzyme										
BNP, pg/ml	39.5 (51.5)	36.6 (133.6)	0.5524	0-125						
CV HUI	72.0 (71.5)	71.0 (77.0)	0.0252	22 204	132.5 (62.0-		02 (5( 120)			
CK, IU/L	73.0 (71.5)	71.0 (77.0)	0.8352	32-294	219.0)	85.0 (51.0–184.0)	92 (56-130)	69.0 (40.5-101.0)		
CK-MB, IU/L	9.5 (12.7)	8.7 (13.6)	0.4158	0-25			14 (10-18)			

	<b>Confirmed patients</b>	<b>Excluded patients</b>	P-value	Normal range	Huang et al. (18)	Chen et al. (19)	Wang et al. (2	0) Xu et al. (21)	<b>Chang et. (22)</b>
nflammatory indicators									
CRP, mg/L	13.4 (27.3)	10.0 (33.5)	0.2832	<5		51.4 (41.8)			14.7 (10.2)
ESR, mm/h	43.5 (72.3)	16.0 (34.0)	0.0031	0-15		49.9 (23.4)			
PCT, ng/ml	0.04 (0.04)	0.05 (0.05)	0.0202	< 0.05	0.1 (0.1-0.1)	0.5 (1.1)		0.04 (0.03-0.06)	0.187 (0.0633)
Blood Gas Analysis									
РН	$7{\cdot}4\pm0{\cdot}05$	$7\!\cdot\!4\pm0\!\cdot\!05$	0.2750	7.35-7.45					
PaO2, mmHg	78.8 (73.0)	78.8 (24.6)	0.9722	80-100				90 (80-105)	
PaCO2, mmHg	39·5 (14·3)	36.9 (6.6)	0.093	35-45					
SaO2, %	97.0 (4.2)	96.3 (3.8)	0.3716	94%-100%					
Coagulation function									
APTT, s	33.7 (8.9)	30.6 (8.7)	0.0880	25·1-36·5	27.0 (24.2–34.1)	27·3 (10·2)	31.4 (29.4-33.5)		
D-dimer, mg/L	0.36 (0.40)	0.39 (0.75)	0.0847	<0.2	0.5 (0.3–1.3)	0.9 (0.5–2.8)	203 (121-403)	0.2 (0.2-0.5)	

GGO: ground glass opacity; WBC: white blood cell; L: lymphocyte; PLT: platelet; ALT: alanine aminotransferase; LDH: lactate dehydrogenase; AST: aspartate aminotransferase; GLU: glucose; CK: creatinine kinase; CK-MB: creatine kinase isoenzyme-MB; ESR: erythrocyte sedimentation rate; PCT: procalcitonin; CRP: C-reactive protein; RBC: red blood cell; N: neutrophil; Hb: hemoglobin; BNP: brain natriuretic peptide; APTT: activated partial thromboplastin time.

# Supplemental Table S3. Sensitivity analysis results of the independent risk factors associated with the diagnosis of COVID-19

	OR	95%CI	P
Exposure history	4.25	2.83-6.39	< 0.0001
Fatigue	1 · 40	1.01-2.12	0.0116
$WBC < 4 \times 10^{9}/L$	2.50	1.38-4.55	0.0027
$Lymphocyte < 0.8 \times 10^{9}/L$	1.94	1.07-3.52	0.0292
GGO in chest imaging	2.16	1.47-3.15	0.0001
Bilateral lobes affected	1.51	1.03-2.22	0.0332

GGO: ground glass opacity; WBC: white blood cell;